



## Tyngsborough Board of Health

25 Bryants Lane  
Tyngsborough, MA 01879  
978-649-2300 x 118  
FAX: 978-649-2301

### PERMIT APPLICATION

#### ESTABLISHMENT INFORMATION:

Est. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing Address (if diff): \_\_\_\_\_

#### OWNER'S INFORMATION:

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

24HR Emer. #: \_\_\_\_\_

Email: \_\_\_\_\_

**ESTABLISHMENT INFORMATION:** **Water Supply:** Municipal ☐ private (well) ☐ **Sewage:** Municipal ☐ Private ☐

Hours of Operation: \_\_\_\_\_ If seasonal, date open: \_\_\_\_\_ date close: \_\_\_\_\_

# of Seats: \_\_\_\_\_ # of meals served per day: \_\_\_\_\_

Certified Food Protection Manager(s): \_\_\_\_\_

Person(s) Trained in Anti-Choking (required for food establishment with 25 seats or more): \_\_\_\_\_

Person Responsible for Daily Operations: \_\_\_\_\_ Title: \_\_\_\_\_

**Dumpster:** Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Owner of Property: \_\_\_\_\_

If Corporation or Partnership, please list Name, Title, & Home Address of Officers/ Partners: Attach if necessary.

| NAME: | TITLE: | ADDRESS: |
|-------|--------|----------|
| _____ | _____  | _____    |
| _____ | _____  | _____    |

#### CHECK ALL THAT APPLIES:

##### Food Establishments:

☐ Food Service - # of Seats:

☐ Under 25 Seats

☐ 26-100 Seats

☐ Over 100 Seats

☐ Retail Food

☐ Catering

☐ Residential Kitchens

☐ Daycare

☐ Church

☐ Frozen Dessert

##### FEE:

\$ 100.00

\$ 200.00

\$ 300.00

\$ 100.00

\$ 100.00

\$ 50.00

\$ 50.00

\$ No Charge

\$ 100.00

##### OTHER PERMIT:

☐ Tobacco

☐ Dumpster

☐ Milk, Cream, Ice Cream

##### FEE:

\$ 100.00

\$ 50.00

\$ 10.00

Total Payment Due: \$ \_\_\_\_\_

(Make check payable to  
**Town of Tyngsborough**)

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable laws. I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law pursuant to MGL Ch. 62C, sec. 49A.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security or FID#: \_\_\_\_\_

**\*PLEASE REMEMBER TO INCLUDE PROOF OF WORKER'S COMPENSATION INSURANCE.**